

CLIENT EDUCATION FOR EMERGENCY CONTRACEPTION (EC)

Before you take emergency contraceptive pills (ECPs), be sure you understand both the benefits and the possible problems of using ECPs. This information sheet also lists the danger signs you should watch for. If you have any questions as you read, we will be happy to talk about them with you.

Emergency contraceptive pills (ECPs) are hormonal pills (similar to birth control pills) that you take to try to prevent pregnancy after you have unprotected vaginal intercourse. Either your birth control method failed (for example your condom broke) or you didn't use a method.

ECP is believed to act by preventing ovulation or fertilization (by altering tubal transport of sperm and/or ova). In addition, it may inhibit implantation (by altering the endometrium). It is not effective if implantation has already begun.

There are alternatives to ECPs. When a copper intrauterine device (IUD) is inserted within 5 days of a single act of unprotected intercourse, it may prevent pregnancy. It may also be left in place for ongoing contraception. Or you can choose to "wait and see." Discuss all of the choices with your health care provider.

The sooner ECPs are taken, the better they work to prevent pregnancy. It is best to start the pills within 72 hours (3 days) of unprotected vaginal intercourse. When taken within the first 72 hours after intercourse, emergency contraception pills prevent pregnancy about 75 – 89% of the time. Studies have shown that even if ECPs are taken as late as 120 hours (5 days) after unprotected intercourse they may prevent pregnancy. It appears to be less effective the later it is used.

How well the pills work depends on how soon after intercourse they are started and what day in your menstrual cycle unprotected intercourse takes place. This method fails to prevent pregnancy in some cases, because:

- A fertilized egg already has implanted in the uterus
- Too much time passed since unprotected vaginal intercourse
- Failure of the drug itself

You will get the FDA approved information provided by the pill manufacturer if you get these pills here. You should read the information and ask questions about anything you do not understand.

A sensitive urine pregnancy test should be done before taking ECPs if you think there is any chance that you could already be pregnant (if your last period was late, light, or short, or if you feel pregnant).

You should not use ECPs if you are (or think you are) already pregnant. However, if you are pregnant, or if the pills fail and pregnancy occurs, there have not been any reports of serious side effects to the woman or to the fetus from taking the pills. As with any pregnancy you would still need to be aware of signs and symptoms of ectopic pregnancy or miscarriage as discussed and seek immediate medical attention.

Some reactions to these pills (for about 24 hours) may include:

- Nausea, vomiting and/or abdominal pain
- Breast tenderness
- Irregular bleeding
- Headache or dizziness
- Fatigue

After taking ECPs, your next period could be early or late, or could be lighter or heavier, or could be the same as usual. If you use ECPs more than once in a monthly cycle, the chances of having problems with your next period will be greater.

If you see a clinician before you have your next period, you should tell him/her that you have taken ECPs.

If you do not want to become pregnant, it is important to begin a more reliable form of ongoing birth control. Ask about the options at your clinic.

Having unprotected sex may have put you at risk for sexually transmitted infections (STIs/HIV) and a serious infection could cause sterility. If you think you could be at risk for STIs/HIV, you should talk to your clinician about getting tested.

You should come back to the clinic for a checkup 3-4 weeks after taking these pills if you have not had a normal period, or if you feel like you could be pregnant, or if you have any early signs of pregnancy (such as feeling sick to your stomach, feeling very tired, breast swelling or tenderness).